

2621

This is a Permanent Record.

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in a birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 3 days.

## PLACE OF BIRTH

County of Gila  
 District of \_\_\_\_\_  
 Town of \_\_\_\_\_  
 or \_\_\_\_\_  
 City of Globe

## ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index 91ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 84

Local Registrar's No. \_\_\_\_\_

(No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Steel Born
 Born YES  
 Alive NO

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child Male ✓ Twins, Triplet or other } and { Number; in order of birth 1 Leg. male? yes Date of Birth April 16 1911  
 (Month) (Day) (Yr.)

 Full Name Frank Nash  
 Residence Junco St.

 Color or Race White Age at last Birthday 42 (Years)

 Birthplace Burnie, Ariz.

 Occupation Teamster

 Full Maiden Name Florence Velasco  
 Residence Same

 Color or Race White Age at last Birthday 28 (Years)

 Birthplace FT McDowell, Ariz.

 Occupation Housewife

 Number of child of this mother 3 Number of children, of this mother, now living 1 Were Precautions taken against Ophthalmia neonatorum? ✓

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

 I hereby certify that I attended the birth of above child; and that it occurred on, Apr. 16 1911, at P.M.

\*When there is no attending physician or midwife, then the householder should make this return.

 (Signature) C. J. Sturgeon  
 (Attending physician, midwife, householder, \*)

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_

Address \_\_\_\_\_

Filed Apr 20 1911B. G. DiazFiled May 5 1911B. G. Diaz058-416-656

COUNTY REGISTRAR.

LOCAL REGISTRAR.

COUNTY REGISTRAR.